

For Board Use Only  
Fee Paid: \_\_\_\_\_  
Date: \_\_\_\_\_  
Receipt #: \_\_\_\_\_  
Applicant #: \_\_\_\_\_



**GEORGIA STATE BOARD FOR THE CERTIFICATION OF LIBRARIANS**

237 Coliseum Drive  
Macon, Georgia 31217  
Phone (478) 207-2440  
[www.sos.ga.gov](http://www.sos.ga.gov)

**ORDER FORM**

for

**DUPLICATE LICENSE CARDS AND LICENSE VERIFICATIONS**

To request a duplicate license card or license verification, please complete the following form and enclose a check or money order in the amount of **\$25.00** made payable to the Georgia State Board for the Certification of Librarians and mail to the address listed above.

**Request for (check one):** ☐ Duplicate Pocket-License Card ☐ License Verification

**Type License (check one):** ☐ Librarian

**License #:** \_\_\_\_\_

**Reason for Duplicate License:**

☐ Name Change\*\* ☐ Address Change ☐ Lost/Stolen

**\*\*Complete application in your new LEGAL NAME. Submit photocopy of legal documentation for changing name: Marriage Certificate; Filed Marriage License; Divorce Decree; Court Order; Corporations Amendment.**

**Name of Licensee:** \_\_\_\_\_  
(Please print CLEARLY)

**Mailing Address:** \_\_\_\_\_  
(Street or PO Box)

\_\_\_\_\_  
(City) (State) (Zip)

**Daytime Phone #:** ( ) \_\_\_\_\_ **Fax#:** ( ) \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**For verification of license requests, please indicate where verification should be mailed if different from above:**

\_\_\_\_\_  
(Name or Agency Name)

\_\_\_\_\_  
(Mailing Address)

\_\_\_\_\_  
(City) (State) (Zip)

**Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_